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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or see Block 1)

31450 7590 02/23/2004  
MCNEES WALLACE & NURICK LLC  
100 PINE STREET  
P.O. BOX 1166  
HARRISBURG, PA 17108-5300

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lindsay Vican

(Depositor's name)

April 15, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/777,942	02/06/2001	Jack Wilbur Baldwin	13DV13491	3254

TITLE OF INVENTION: METHOD OF PREPARING PREFORMS FOR RTM MOLDING PROCESSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/24/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
APTERGUT, JEFF II	1733		156-242000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

K. Scott O'Brian

2 Carmen Santa Maria

3 McNees Wallace &amp; Nurick

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

General Electric Company

Schenectady, NY

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to

Deposit Account Number 50-1050 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *K. Scott O'Brian* (Date) *4/15/04*

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01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	15.00 DA

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OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO-85 (Rev. 11/03) Approved for use through 04/30/2004.

PAGE 5/6 \* RCVD AT 4/16/2004 8:42:20 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-2/0 \* DNIS:7464000 \* CSID:717 237 5300 \* DURATION (mm:ss):02:48



**McNees Wallace & Nurick LLC**  
attorneys at law

Routing #391  
Client #07783-0052

**FAX COVER LETTER**

DATE: April 15, 2004

**PLEASE DELIVER THE FOLLOWING PAGES:**

TO: Mail Stop ISSUE FEE FAX: 703-746-4000  
FROM: K. Scott O'Brian Direct Dial: 717-237-5492

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER: 6

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Issue Fee

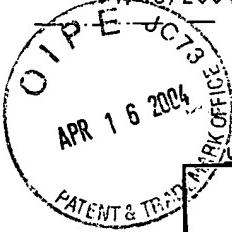
**FAX NUMBER:**

PARALEGAL RESPONSIBLE: Lindsay Vican TELEPHONE: 717-237-5289

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PTO/SB/97 (08-03)  
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Date

Lindsay Vican  
Signature

Lindsay Vican  
Typed or printed name of person signing Certificate

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Fee Transmittal Form  
Transmittal Form  
Issue Fee Transmittal

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 1645

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number

50-1059

Deposit Account Name

McNees Wallace & Nurick LLC

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION**
**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			(\$0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20 **	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3 **	=	0	x	0
Multiple Dependent		x	0	=	0

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 280	2203 145	Multiple dependent claim, if not paid ** Reissue independent claims over original patent	
1204 86	2204 43	** Reissue claims in excess of 20 and over original patent	
1205 18	2205 9		
<b>SUBTOTAL (2)</b>			(\$0)

\*or number previously paid, if greater. For Reissues, see above

**Complete If Known**

Application Number	09/777,942
Filing Date	02/06/2001
First Named Inventor	BALDWIN
Examiner Name	Jeff H. Aftergut
Art Unit	1733
Attorney Docket No.	13DV-13481 (07783-0062)

**FEE CALCULATION (continued)**
**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 185	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	1330
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17 (a)	
1808 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1609 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) Publication Fee & Advance Order Patent Copies - 5			315

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$1645)

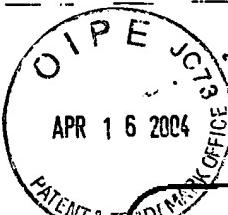
**Complete (if applicable)**

SUBMITTED BY	Name (Print/Type)	Registration No. (Attorney/Agent)	42,946	Telephone	717-237-5492
Signature	K. Scott O'Brian	<i>K. Scott O'Brian</i>		Date	April 15, 2004

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PTO/SB/21 (02-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/777,942
Filing Date	02/06/2001
First Named Inventor	BALDWIN
Art Unit	1733
Examiner Name	Jeff H. Aftberg
Total Number of Pages in This Submission	5
Attorney Docket Number	13DV-13491 (07783-0052)

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> <b>Certificate of Facsimile Transmission, Issue Fee Transmittal</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McNees Wallace & Nurick LLC K. Scott O'Brian
Signature	
Date	April 15, 2004

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Typed or printed name	Lindsay Vican
Signature	
Date	April 15, 2004

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